

## AGENDA

- Program Updates
  - Provider obligation to read and respond to Division emails
  - COVID-19 test results
  - Medicaid enrollment letters
  - Provider understanding of service definitions
  - Public comment period for Comprehensive and Supports Waiver amendments
- Monthly Training Session - Provider Training Series Module #5 - Background Check Requirements - [Slidedeck](#)

## TOPICS

### **Provider obligation to read and respond to Division emails**

As mentioned in previous Provider Support Calls, the Division of Healthcare Financing (Division) is transitioning most of its processes, including provider certification renewal and corrective action, to an electronic format. These processes use email as the primary method of communication. It is imperative that providers read and respond to emails sent by Division representatives.

The Division is merging the current Developmental Disabilities Section and Community Based Services Unit into one Home and Community Based Services Section (HCBS Section), and we are continuing to identify efficiencies in how we perform our daily work. Providers may receive email from a Division representative with whom they are unfamiliar. It is necessary for the provider to respond to these emails, even if the provider hasn't worked with the Division representative in the past.

Failure to read and respond to Division email may negatively affect a provider's certification. Providers are required to meet all necessary standards and deadlines established in the Department of Health's Medicaid Rules (Rule), many of which will be noted in Division emails.

The Division is seeking help in getting this information to all Comprehensive and Supports Waiver (DD Waiver) service providers. If you work with a provider that isn't receiving Division updates, please encourage them to contact Shirley Pratt at [shirley.pratt@wyo.gov](mailto:shirley.pratt@wyo.gov) to be added to the Division email list.

### **COVID-19 test results**

The Division has maintained a document that outlines the flexibilities implemented for DD Waiver programs in response to COVID-19. This document, which can be found on the [Coronavirus Disease 2019 \(COVID-19\) Updates for DD Waiver Services](#) page of the Division website, is updated as new flexibilities are offered. The Division encourages all providers to refer to this document as a source for answers during the ongoing public health emergency.

As indicated in the document, Chapter 45, Section 20(b) requires that identified incidents, which include medical or behavioral admission and emergency room visits that are not scheduled medical visits, be reported within one business day. If a participant goes to the emergency room or is hospitalized due to a diagnosis of COVID-19, an incident report will need to be filed.

A participant diagnosis of COVID-19 is not a reason to file an incident report; however, the Division encourages providers to keep in contact with us with any emerging concerns. We need to be aware of the actual challenges that providers are facing so that we can determine how to best support participants and providers during this unprecedented time.

Providers are advised that, unless a flexibility has been provided, they must meet all standards and requirements established in Rule.

### **Medicaid enrollment letters**

Providers are required to renew their provider certification with the Division as outlined in Rule. Additionally, they are required to re-enroll as a Medicaid provider every five years. Medicaid re-enrollment is a separate process, and is not administered by the Developmental Disabilities Section.

In order to re-enroll in Medicaid, providers must submit an approval letter, which is issued by the Division, with their application. Providers should request this letter from their Provider Support Specialist (PVS) prior to submitting their Medicaid re-enrollment application. If a provider submits the Medicaid re-enrollment application without the letter, the application will be denied and the re-enrollment process will be delayed.

### **Provider understanding of service definitions**

The Comprehensive and Supports Waiver Service Index, which is incorporated into Rule by reference, defines each DD Waiver service, outlines the scope and limitations of each service, and establishes the provider qualifications needed to provide the service. It is the responsibility of each provider to understand the definition of the services they are certified to provide, and be able to competently deliver the service as outlined in the Service Index and participant IPCs.

The Division has encountered several recent instances of providers agreeing to provide a service, only to submit a 30-day notice to terminate that service once they realize what the service entails. This circumstance can be confusing for the participant and frustrating for plan of care teams. It is critical that providers understand the service they are agreeing to deliver **before** they agree to be added to a participant's IPC.

### **Public comment period for Comprehensive and Supports Waiver amendments**

On October 26, 2020, the Division released notice that the public comment period is open for amendments to the DD Waivers that will be submitted to the Centers for Medicare and Medicaid Services (CMS). The complete waiver applications, as well as a summary of the proposed changes, are available on the [Public Notices, Regulatory Documents, and Reports](#) page of the Division website. A public forum will be conducted via phone conference on Thursday, November 5, 2020 from 11:00am – 12:00pm. Call in information is available on the website as well. Public comment on these proposed changes will be accepted by mail, email, or phone until 5:00pm on Wednesday, November 25, 2020. Final acceptance of these changes is dependent on CMS approval.

## **WRAP UP**

*Next call scheduled for November 30, 2020*